



DEPARTMENT OF DEVELOPMENT SERVICES

4701 West Russell Road, Las Vegas, NV 89118 * (702) 455-3000

COMMERCIAL BUILDING PERMIT APPLICATION

ASSESSOR PARCEL NO:				APPLICATION NO.:	
JOB SITE ADDRESS:					
TENANT NAME:					
PROJECT NAME:			SET UP BY:		
BLDG. NO:			UNIT/SUITE NO:		
PROPERTY OWNER NAME:			FAX NO:		
CONTACT NAME:		EMAIL ADDRESS:			
CONTACT ADDRESS:			ZIP:		
CONTACT PHONE:		FAX NO:			
DETAILED DESCRIPTION OF WORK:					
THIS PROPERTY IS BEING SERVICED BY: <input type="checkbox"/> SEPTIC OR <input type="checkbox"/> SEWER RAI#: NOV#:					
TYPE OF CONSTRUCTION:		OCCUPANCY:		SPRINKLER SYSTEM:	
SQ. FT:	NO. UNITS:	NO. STORIES:	OCC. LOAD:	QAA REQ'D:	
CONTRACTOR'S DECLARATION			PERMIT FEES		
CONTRACTOR INFORMATION	I hereby certify that I am licensed under the provisions of N.R.S. 624.				
	CONTRACTOR NAME:				
	ST. LIC. NO:		CLASS:		
	CC BUS. LIC. NO:		PHONE NO:		
	MAILING ADDRESS:				
	CITY:		STATE:	ZIP:	
APPLICANT	CONTRACTOR SIGNATURE _____ DATE _____				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above mentioned property for inspection purposes.				
APPLICANT SIGNATURE _____ DATE _____					
COMMENTS:					
STANDARD PLAN NO: _____					
<input type="checkbox"/> Plans Attached <input type="checkbox"/> Plans on File <input type="checkbox"/> No Plans					
Zoning Review By: _____ Date: _____			TOTAL: \$ _____		
Bldg Plan Review By: _____ Date: _____			<input type="checkbox"/> Cash <input type="checkbox"/> Check No: _____		
			Issued By: _____ Date: _____		